FASE INTAKE FORM
(FUNCTIONAL ABILITIES SCREENING EVALUATION)

Instructions: Inform client of the purpose of the form and request permission to proceed. It is important that you ask all questions as they are written. If client refuses the FASE, complete the last section beginning with "Your Name."

MENTAL HEALTH	CORRECT INFORMATION	DID THE CLIENT ANSWER THE QUESTION CORRECTLY?	
		YES	**NO**
1. What is your name?	_____	_____	_____
2. What is your telephone number?	_____	_____	_____
3. At what address #, street: do you currently reside? city:	_____ _____	_____ _____	_____ _____
4. What is the present month and year?	_____	_____	_____

Instructions: If client answered one or more of these questions incorrectly, skip over the Activities of Daily Living and continue. Refer the client for a comprehensive assessment.

ACTIVITIES OF DAILY LIVING	YES	NO
5. Are you able to use a telephone without assistance?	_____	_____
6. Are you able to shop for food and other necessities without help from others?	_____	_____
7. Are you able to prepare simple meals by yourself?	_____	_____
8. Are you able to dress, wash, and use the toilet without assistance?	_____	_____
9. Can you get to places outside of walking distance alone?	_____	_____
10. Are you able to take your own medications and follow your diet correctly without help?	_____	_____
11. Are you able to pay your bills and keep track of your checkbook balance and money without help?	_____	_____

Instructions: If the client is unable to perform two or more of the above activities, refer the client for a comprehensive assessment and continue.

CLIENT DEMOGRAPHIC INFORMATION

Birthdate:_____ _____ _____   Living Arrangements:_____Alone _____Spouse Other: (Specify) _____
       month date year
Sex:____ M _____F   Marital Status:____Married_____Single ____Widowed ____Divorced/Separated

REFERRAL DECISION

Are you referring the client for a comprehensive assessment?   _____Yes _____No
If you are referring the client for a comprehensive assessment despite performance on the FASE, please describe the reason for the referral**:**

Instructions: Ask the client to sign the <u>Release of Information</u> .   Was client willing? _____Yes _____No

Your name: _____

Date of Interview:_____ Your agency:_____

Referral Source:_____

Length of Time to complete FASE: _____ minutes.   Check here if client refused FASE: _____

Instructions: Upon completion, send the original <u>FASE</u> and <u>Release of Information</u> to the Case Management Program Coordinator and keep a copy for your records.